STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445322	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOOD PRESBYTERIAN HOME	520 OLD HIGHWAY 68 SWEETWATER, TN 37874

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility investigation documentation, observation, and interview, the facility failed to implement the abuse policy for one resident (#1) of nine sampled residents. The findings included: Resident #1 was admitted to the facility on January 29, 2004, with diagnoses including Late Effects Cerebrovascular Disease and Hemiplegia. Medical record review of the Minimum Data Set (MDS) dated May 26, 2010, revealed the resident had short and long term memory impairment and was moderately impaired with decision-making skills. Continued review revealed the resident was frequently incontinent of bladder and needed extensive to total assistance with mobility, toileting, and hygiene/bathing. Medical record review of a nurse's note dated July 14, 2010, at 11:15 a.m., revealed, "...was approached by CNA (certified nursing assistant #1)...yesterday @ (at) approx (approximately) 5 pm...when (CNA #1) went into (resident's) room...a young boy was @...bedside...(CNA #1) stated upon...arrival, the boy took his hand from elder's brief area et (hurriedly pulled covers up. He then left the room..."	F 226	Alleged incident involving Resident #1 was immediately reported to appropriate authorities. Perpetrator was band from the building Abuse Policy, intervene, was clarified "Protect resident from harm during a suspected abusive situation and throughout the investigation". All staff will be inserviced by 9/30/2010 to the Abuse Policy. Staff will be inserviced during orientation and yearly to the Abuse Policy.	9/30/10

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sheila Stephens	Administrator	9-9-10

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days llowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

SEP 10 2010

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445322	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOOD PRESBYTERIAN HOME	520 OLD HIGHWAY 68 SWEETWATER, TN 37874

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 226	Continued From page 1	F 226		

Medical record review of a physician's progress note dated July 14, 2010, revealed, "Allegedly sexually abused yesterday...Expressive aphasia (partial or total loss of the ability to express ideas, resulting from brain damage)...no obvious tears, sores, or bleeding..."

Review of facility investigation documentation (signed by CNA #1) dated July 13, 2010, revealed, "Today I witnessed a young man in (resident's) room, he had his hand under...blanket on the lower half of...body...I then went and told the nurse..."

Review of facility policy revealed, "Abuse Prevention Policy and Procedure...Employees will be trained...about...preventing abuse and intervention techniques for aggressive or catastrophic behaviors...will identify and intervene..."

Observation and interview with the resident on July 16, 2010, at 2:07 p.m., revealed the resident in bed in the room and requested the blinds be closed by use of gestures. Continued interview revealed the resident gave inconsistent information regarding prior acquaintance with the alleged perpetrator and whether the resident had informed anyone about the alleged inappropriate touching. Continued interview revealed contradictory information regarding the alleged perpetrator's physical description.

Interview with CNA #1 on July 16, 2010, at 3:38 p.m., in a classroom, revealed the CNA saw a male in the resident's room on July 13, 2010, and included, "I saw him with one hand under the blanket...I didn't really see him do anything but I

SEP 10 2010

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445322	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOOD PRESBYTERIAN HOME	520 OLD HIGHWAY 68 SWEETWATER, TN 37874

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 226	Continued From page 2 went to the nurse...All I know for sure was (his) hand was under the blanket..." Telephone interview with CNA #1 on July 21, 2010, at 2:45 p.m., revealed CNA #1 was unable to identify which of the male's hands was under the resident's blanket on July 13, 2010, and CNA #1 stated, "(I) did not see his hand or what it was doing. Blanket was around (resident's) waist. Did not see resident's brief..." Telephone interview with the administrator on August 9, 2010, at 10:30 a.m., revealed CNA #1 left the resident unattended by staff to report concerns regarding a man in the room with the resident. Continued interview confirmed the facility failed to implement the abuse policy for Resident #1 on July 13, 2010. C/O: #26294	F 226		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility investigation documentation, observation, and interview, the facility failed to provide adequate supervision to prevent falls for one resident (#8) of nine sampled residents.	F 323	Resident #8 was screened by Therapy, self release safety belt in wheel chair applied. Moved closer to Nurses Station when room was available. Care plans were reviewed and staff interviewed for compliance with superivision of residents care planned to need observation when up in wheel chair. Nursing Staff will be inserviced by 9/30/2010 to follow approaches on the plan of care and to alert Case Manager when approaches are no longer appropriate. Unusual Occurrence interventions will be discussed in Medicare A meeting for interdisciplinary review. Interventions will be discussed in Utilization Review Meeting for compliance.	9/30/2010

SEP 10 2010

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445322	A. BUILDING _____ B. WING _____	C 08/26/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOOD PRESBYTERIAN HOME	520 OLD HIGHWAY 68 SWEETWATER, TN 37874

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 323	Continued From page 4 hospital. Medical record review of a nurse's note dated July 8, 2010, at 6:55 a.m., revealed, "return from ER (emergency room)...shoulder immobilizer to L (left) shoulder..." Medical record review of a fax to the physician dated July 11, 2010, revealed, "refuses to wear...L shoulder immobilizer (fractured shoulder)." Observation on July 20, 2010, at 4:45 p.m., revealed the resident on a low bed (approximately four inches above floor), a mat on the floor, padded siderails raised on both sides of the bed, and a call light within reach. Continued observation revealed the resident moved both arms and shrugged shoulders without apparent discomfort, and the resident stated, "I don't think it's broken." Telephone interview with the administrator on August 26, 2010, at 3:15 p.m., revealed the resident required supervision while seated in the wheelchair in the resident's room, and confirmed the facility failed to provide adequate supervision to prevent falls for Resident #8 on July 8, 2010. C/O: #26323	F 323		